FILED

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01-16-2003 90126 007 ***150 00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #	P29514
1 Entity Name	

CHASE BANKCARD SERVICES, INC.



Principal Place of Business Mailing Address 200 WHITE CLAY CENTER DRIVE 200 WHITE CLAY CENTER DR. 90003764 1ST FLOOR 1ST FLOOR NEWARK DE 19711 NEWARK DE 19711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2994772 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name CT CORP SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 CT CORPORATION SYSTEM FORT LAUDERDALE FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCSV i TITLE ☐ Delete TITLE SVP ☐ Change X Addition BARRETT, MICHAEL NAME NAME William V. Dobbins 200 WHITE CLAY CENTER DR. STREET ADDRESS STREET ADDRESS 100 W. University Dr. Bldg. F CITY-ST-ZIP NEWARK DE 19711 CITY-ST-7IP Tempe, Arizona 85281 ĐΡ TITLE ☐ Delete TITLE Change ☐ Addition MARSHALL, GENE NAME NAME STREET ADDRESS 4925 INDPENDENCE PKWY STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP ☐ Delete JITLE Change Addition SEMMELMAN, ANDREW NAME STREET ADDRESS 200 WHITE CLAY CENTER DR. STREET ADDRESS CITY-ST-ZIP **NEWARK DE 19711** CITY-ST-ZIP TITLE AS ☐ Delete TITLE Change Addition NAME CLARK, DAVID NAME STREET ADDRESS 200 WHITE CLAY CENTER DR. STREET ADDRESS CITY-ST-ZIP NEWARK DE 19711 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MATTAMIRA, VINCENT NAME NAME 802 DELAWARE AVENUE STREET ADDRESS 500 Stanton Christiana Road, 2nd Fl. STREET ADDRESS CITY-ST-7IP WILMINGTON DE 10801 CITY-ST-ZIP Newark, Delaware DSVP TITLE ☐ Delete TITLE ☐ Addition ☐ Change PEYMAN, JAMES NAME NAME STREET ADDRESS 100 WEST UNIVERSITY DRIVE STREET ADDRESS **TEMPE AZ 85282** CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address,

SIGNATURE:

CR2E034 (10/02)